Introduction

The purpose of this workbook is to provide Subarea Health Planning Council (SAC) members with a number of tools that can help in the selection and development of regional community health improvement initiatives relating to the *Hawaii Health Performance Plan (*H2P2) outcome measures. These same tools may also be useful in the assessment process for Certificate of Need applications for health care services or facilities affecting the SAC region.

These tools have been selected based on an understanding of health as a "dynamic state that embraces well-being as well as the absence of illness," and that draws on "personal and social resources as well as physical capabilities."[1] Thus, the social environment, physical environment, genetic endowment, and individual's behavioral and biologic responses, disease, health care, health and function, well-being and prosperity are all linked for individuals and populations.[2] This linkage is illustrated by the field model in Figure 1 below.

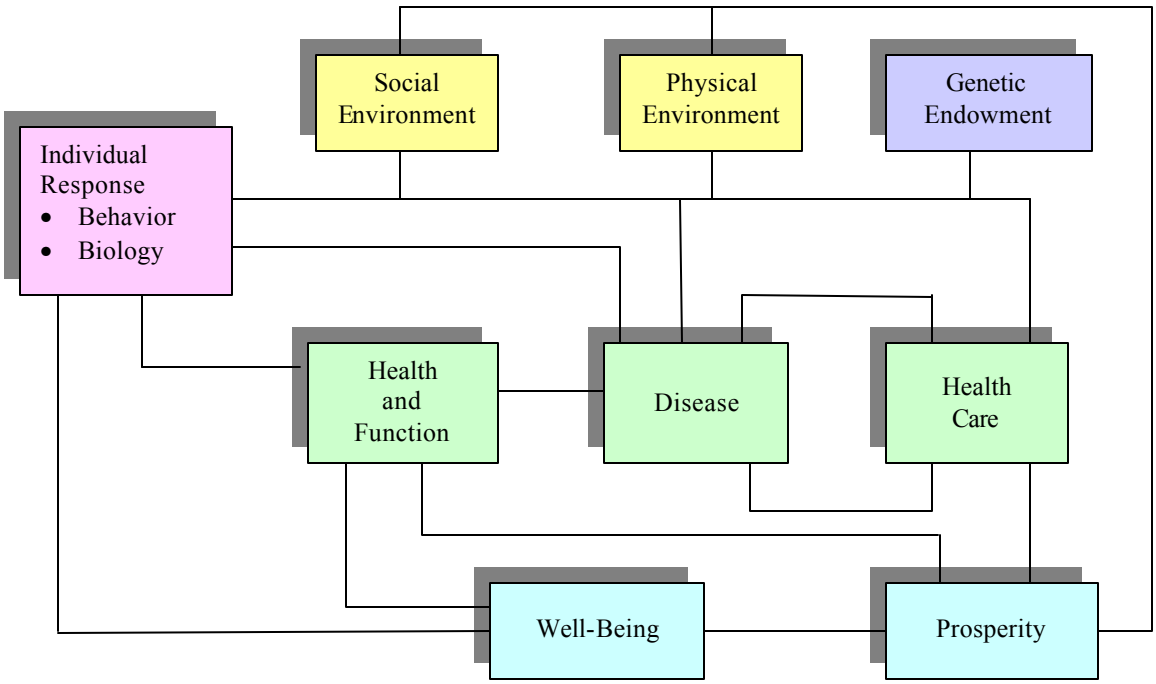

FIGURE 1. A field model of the determinants of health. Adapted from "Executive Summary," Improving Health in the Community: A Role for Performance Monitoring, JS Durch, LA Bailey, MA Stoto, eds., National Academy Press, Washington, D.C., 1997, p. 9. Retrieved 7/2/2002 from the World Wide Web: http://www.nap.edu/readingroom/books/improving

Another way to think about the factors affecting health is to view them as a rainbow of determinants surrounding the individual. This model, seen Figure 2 below, stems from a World Health Organization report, which suggested the focus of effort be on those causes of health inequities that are both avoidable and unacceptable. Such factors would include health-damaging behavior where lifestyle choices are restricted by socioeconomic factors; exposure to

excessive health hazards in the physical and social environments; restricted access to essential health care; and health-related downward mobility.[3]

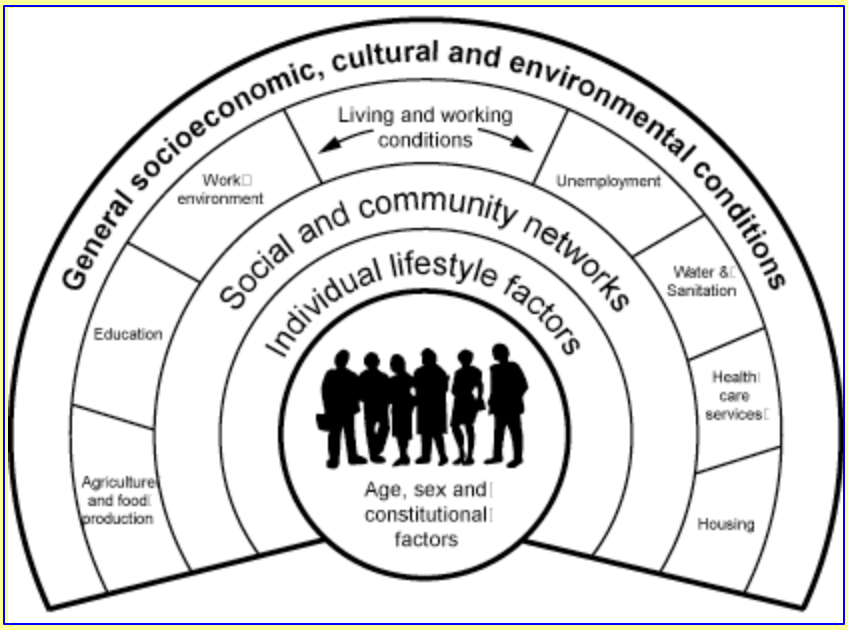

FIGURE 2. The Main Determinants of Health. From "Independent Inquiry into Inequalities in Health Report," Sir Donald Acheson, Chairman, United Kingdom, The Stationary Office, 1998. Retrieved 9/24/02 from the World Wide Web: http://www.archive.official-documents.co.uk/document/doh/ih/fig01.htm

Given the array and the interconnectedness of influences on health suggested by the field and rainbow models, collaboration with a wide variety of public and private stakeholders will be critical to any health improvement initiative. These stakeholders may be in the health care arena or they may be in other areas not traditionally thought of as explicitly related to health, such as employers, schools, social services agencies, etc. Thus it will be critical for SACs to apply a planning and implementation process that encourages a common language, an understanding of the multidimensional determinants of health, and a way to accommodate diversity in goals and values. The process will also need to aid the collaborators to identify shared responsibilities for community health and individual accountability for actions. Integral to this planning process will be the identification of indicators that will be used to continually track critical outcomes of health improvement strategies and activities, thereby helping to ensure the most efficient and effective use of limited community resources.[4]

To support this cross-sector planning and performance monitoring, this workbook uses a two-cycle model that incorporates analysis, action and measurement. This model is adapted from work done by the Institute of Medicine, and includes a "*problem identification and prioritization*" phase and an "*analysis and implementation*" phase.

"Problem Identification and Prioritization:" The first phase focuses primarily upon assessment activities leading to developing a community health profile and identifying the community's critical health issues. The profile will pull together demographic, socioeconomic, and health status and health risk information for the targeted region. It will also identify local assets or strengths as well as gaps. The resulting community description will become the background information the SAC members need for interpreting other health data and for identifying health issues that require focused efforts for improvements.

Health issue priorities will then be determined by a blend of data and community perceptions and preferences. This is the point where the SAC will select the "curve to turn"—that is, the area in which they want to try and turn negative trends into positive directions.[5] A challenge for the SAC will be to find the balance between issues that lend themselves to quick, easily measured success and those that require sustained effort to achieve a longer-term outcome. The community profile, together with the array of outcomes identified in the H2P2, will set the framework within which the SAC members may then prioritize the health improvement targets and strategies for their region, as illustrated in Figure 3 below.

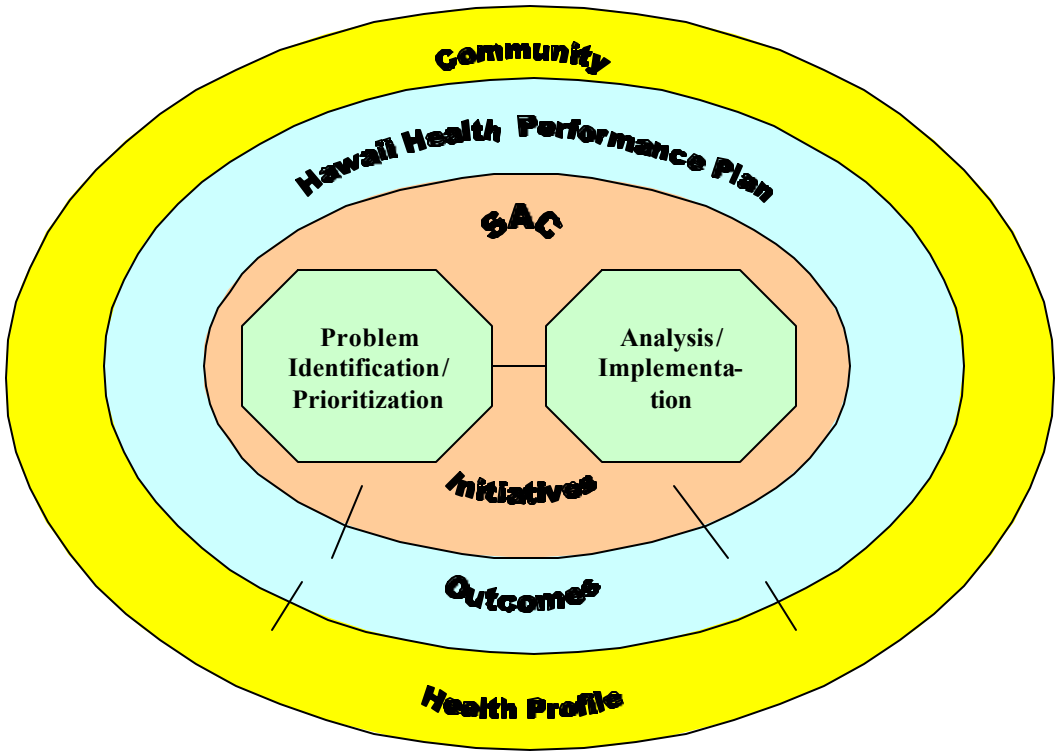

FIGURE 3. Setting the Context for SAC Community Health Improvement Initiatives.

"Analysis and Implementation:" Once the SAC members have selected a health issue target, they will begin the second phase of the health improvement initiative process (see Figure 4 below). This phase calls for analysis, development of a strategy, implementation of the strategy, and monitoring the results of the efforts of the accountable entities. While the steps are

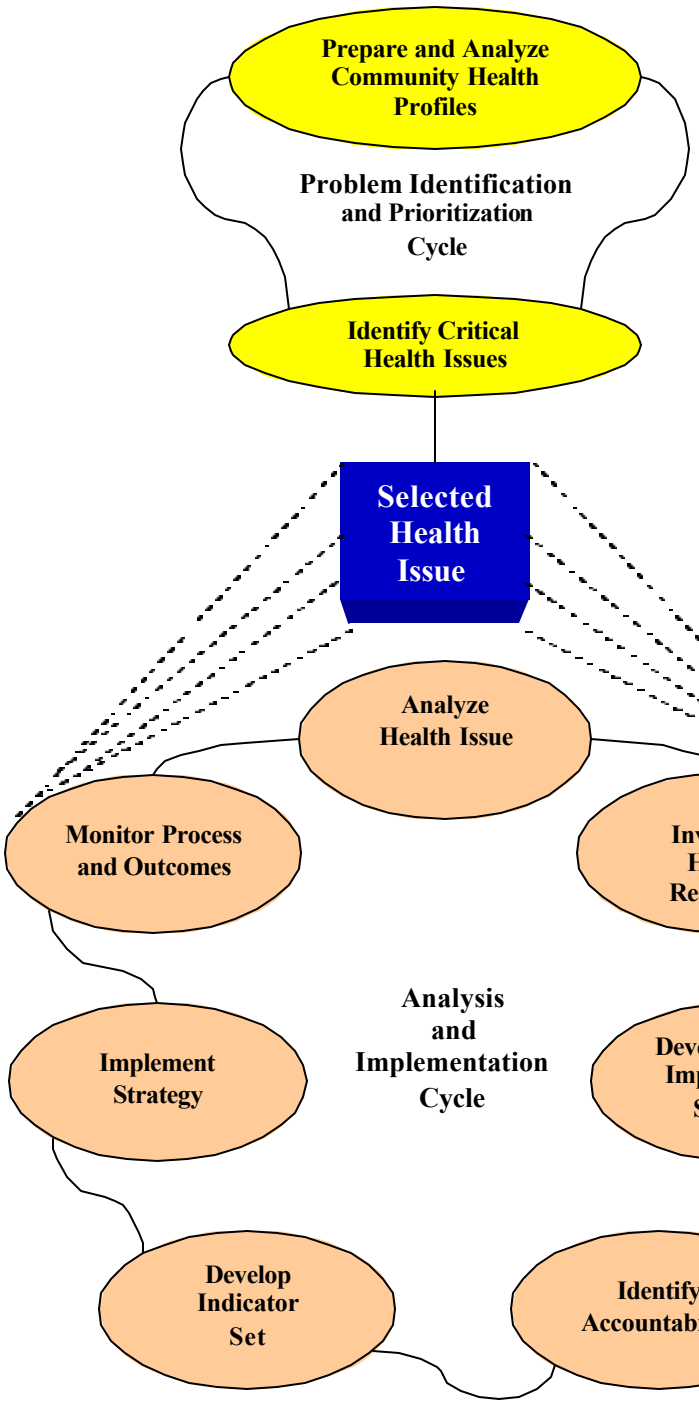

FIGURE 4. The Community Health Improvement Process. Adapted from "Executive Summary," Improving Health in the Community: A Role for Performance Monitoring, JS Durch, LA Bailey, MA Stoto, eds., National Academy Press, Washington, D.C., 1997, p. 11. Retrieved 7/2/2002 from the World Wide Web: http://www.nap.edu/readingroom/books/improving.

presented in a sequential way, in practice the steps are interactive. The steps may be repeated a number of times while the SAC is engaged in any one or a number of initiatives. Each initiative will move through the cycle in its own time.

The steps[6] in the process include:

- *Analyze the Health Issue*: The key purpose of this step is to understand the factors contributing to the selected issue and how they operate in the community. Equally important with behavioral risks and health care issues are factors operating in the social and physical environments. In this step, the SAC will begin to ferret out the "story" behind the targeted health issue's baseline data: the epidemiology, the forces at work, and the root causes.[7] Getting at the root causes is a critical process in order to generate a strategy that will have maximum effect and impact.

- *Inventory Health Resources*: In this step the SAC will build upon the community profile developed in the first phase. Here, the SAC will be determining not only resources that are available for the necessary tasks, but also the protective factors operating in the community that could mitigate the impact of adverse conditions. Resources may also include support from public- and private-sector entities outside the region. As part of this step, the SAC will be formalizing its list of current and potential partners with a role to play in the desired health improvement initiative.[8] Groundwork will be laid then for promoting coordination, cooperative agreements, and collaborative arrangements.[9]

- *Develop a Health Improvement Strategy*: In this step, the SAC will draw upon the "story behind the baseline," and its partners or potential partners to identify "what works," and from the results, identify what might work best to get the desired results for this issue in this community.[10] The SAC will need to consider what actions make the best use of the available resources, with priority best placed, to the extent possible, on actions which have proven effectiveness. These actions also need to be cost-appropriate relative to the region's resources and the expected benefits. Once the priorities for action have been selected by use of established criteria, the SAC and its partners will need to consider how the pieces fit together into a system of services and supports. Finally, as part of the decision process, the SAC may need to consider as well the implications of not acting on the health issue.

- *Establish Accountability for Activities*: As the SAC and its partners begin to develop the health improvement strategy action plan, it will need to use a variety of approaches to ensure that specific entities are held accountable for undertaking activities within the overall strategy. Establishing accountability is a key to making performance monitoring of the health improvement initiative possible. Specific partners in the initiative must be willing to be accountable to the SAC and the community for undertaking activities that will contribute to achieving the desired health outcomes and that are consistent with each partner's capabilities.

- *Develop a Set of Performance Indicators*: Performance indicators help the SAC and other community stakeholders track how the health improvement strategy is being implemented and if it is having the intended impact relative to the desired outcomes.

Performance measures are concrete, specific and quantitative. They are "measures of how well programs, services, supports, agencies and service systems included in the action plan are working."[11] Because quantitative measures will be needed for each entity that has accepted responsibility for some aspect of the initiative, the SAC and its partners will most likely use sets of indicators to assess performance. Use of a logic model can help the SAC and its partners to ensure the selected approach will be likely to lead to the desired outcomes.

- *Implement the Health Improvement Strategy*: Here is where the SAC and its partners bring the action plan and its logic model to life. The implementation of the improvement strategy is likely to require a mix of activities and participants. In many, if not all, instances, the SAC members themselves may not be involved directly in the day-to-day implementation. Rather, in keeping with the statutory responsibilities, as the action plan unfolds the SAC members more likely will be involved in reviewing progress to see if the plan elements are being implemented, if they are being implemented well, and if the plan is making a difference or needs to be changed.

- *Monitor Process and Outcomes of the Strategy*: As the health improvement strategy is implemented, performance monitoring becomes an essential guide. Information from the selected performance indicators will need to be reviewed regularly and used to inform further action. The SAC will need to interpret the quantitative data from the indicators in combination with qualitative information from the stakeholders in the region/community.

As the SAC and its partners achieve their desired results and adopt new goals, the analysis and implementation cycle will help the partnership identify new activities and new indicators. Over time, the SAC likely will be building a portfolio of health improvement initiative activities. The SAC will need to periodically review its priorities and determine if there are other health issues that should be added to the portfolio, or used to replace issues for which acceptable progress has been made. The tools that follow in this workbook will provide frameworks for the various steps in the SAC's health improvement initiative planning and implementation process. Not every step will be taken every time, nor will every tool will be used every time in every step. However, the hope is that the general process will be followed always, and that all the tools will prove useful at one time or another.

Notes

[1] "Executive Summary," Improving Health in the Community: A Role for Performance Monitoring, JS Durch, LA Bailey, MA Stoto, eds., National Academy Press, Washington, D.C., 1997, p.8. Retrieved 7/2/2002 from the World Wide Web: http://www.nap.edu/readingroom/books/improving.

[2] Ibid., p.8.

[3] This model was described by G. Dahlgren & M. Whitehead, "Policies and strategies to promote equity in health," World Health Organization, Copenhagen, 1992. Retrieved 9/24/02 from the World Wide Web: http://www.medicina.unal.edu.co/red/equidad/Policies_and_Strategies_to_Promote_equality.pdf and depicted graphically in "Independent Inquiry into Inequalities in Health Report," Sir Donald Acheson, Chairman, United Kingdom, The Stationary Office, 1998. Retrieved 9/24/02 from the World Wide Web: http://www.archive.official-documents.co.uk/document/doh/ih/fig01.htm

[4].This paragraph adapted from "Executive Summary," Improving Health in the Community: A Role for Performance Monitoring, JS Durch, LA Bailey, MA Stoto, eds., National Academy Press, Washington, D.C., 1997, p. 9. Retrieved 7/2/2002 from the World Wide Web: http://www.nap.edu/readingroom/books/improving.

[5] The "turn the curve" concept adapted from "Results-Based Decision Making: Getting from Talk to Action," in M. Friedman, The Results and Performance Accountability Implementation Guide, Fiscal Policies Studies Institute, 2002. Retrieved 7/12/02 from the World Wide Web: http://www.raguide.org.

[6] The steps in this section adapted from [6]"Executive Summary," Improving Health in the Community: A Role for Performance Monitoring, JS Durch, LA Bailey, MA Stoto, eds., National Academy Press, Washington, D.C., 1997, pp 12-13. Retrieved 7/2/200 from the World Wide Web:2http://www.nap.edu/readingroom/books/improving; and Chapter 4, "A Community Health Improvement Process, "in Improving Health in the Community: A Role for Performance Monitoring, JS Durch, LA Bailey, MA Stoto, eds., National Academy Press, Washington, D.C., 1997, pp. 93-103. Retrieved 7/2/2002 from the World Wide Web: http://www.nap.edu/openbook/0309055342/html/.

[7] "Story Behind the Baselines" concept adapted from "Results-Based Decision Making: Getting from Talk to Action," in M. Friedman, The Results and Performance Accountability Implementation Guide, Fiscal Policies Studies Institute, 2002. Retrieved 7/12/02 from the World Wide Web: http://www.raguide.org.

[8] "Partners with a Role to Play" concept adapted from "Results-Based Decision Making: Getting from Talk to Action," in M. Friedman, The Results and Performance Accountability Implementation Guide, Fiscal Policies Studies Institute, 2002. Retrieved 7/12/02 from the World Wide Web: http://www.raguide.org.

[9] Concept adapted from KU Work Group on Health Promotion and Community Development, (2000). Chapter 24, Section 3, "Promoting Coordination, Cooperative Agreements, and Collaborative Agreements Among Agencies." Lawrence, KS: University of Kansas. Retrieved 8/12/2002 from the World Wide Web: http://ctb.ukans.edu/tools/EN/sub_section_main_1229.htm

[10] "What Works" concept adapted from 2.12 "How do we identify what works to improve conditions of well-being?" in M. Friedman, The Results and Performance Accountability Implementation Guide, Fiscal Policies Studies Institute, 2002. Retrieved 7/12/02 from the World Wide Web: http://www.raguide.org.

[11] Performance measure definition adapted from "Results-Based Decision Making: Getting from Talk to Action," in M. Friedman, The Results and Performance Accountability Implementation Guide, Fiscal Policies Studies Institute, 2002. Retrieved 7/12/02 from the World Wide Web: http://www.raguide.org.